

CA
04-30049-KPN

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <i>M. Scully</i> B. Date of Delivery <i>6-14-04</i></p> <p>C. Signature <i>X M. Scully</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to: William P. O'Neil, Esquire Office of the Attorney General Western Mass. Division 1350 Main Street Springfield MA 01103</p> <p>2. Article Number (Copy from service label) 000 2870 0000 2653 1285</p> <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>			